

Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
LEAN SIX SIGMA INSTITUTE, LLC

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Certified Copy	1
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TALLAHASSEE, FLORIDAK. SALY  
EXAMINER  
MAR 8 2011

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ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY OF

LEAN SIX SIGMA INSTITUTE, LLC

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TALLAHASSEE, FLORIDA

ARTICLE I

The name of the Limited Liability Company shall be:

LEAN SIX SIGMA INSTITUTE, LLC

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company:

10157 N.W. 2<sup>nd</sup> STREET BAY 4  
MARGATE, FL 33063

ARTICLE IV

The name and the Florida street address of the registered agent:

PEDRO M. GALLINAR  
6701 SUNSET DRIVE SUITE #100  
MIAMI, FL 33143

ARTICLE V

The name of the Manager(s) shall be:

MANAGER  
ENNIO FRATINI

MANAGER  
MIGUEL SPITERI

MANAGER  
CLARA FREIRE

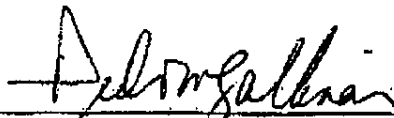
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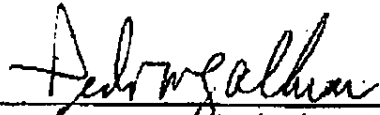
**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED  
OFFICE/MEMBER/REPRESENTATIVE**

**LEAN SIX SIGMA INSTITUTE, LLC**

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Signature of Registered Agent



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**PEDRO M. GALLINAR**

Typed or printed name of signee

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